

Delacruz, Eric

DELACRUZ

RAAUZYUW RUCCBWF0001 0380842-UUUU--RHMCSUU.

ZNR UUUUU

R 070842Z FEB 11

FM COMNAVPERSCOM MILLINGTON TN

TO NAVOPSPTCEN PORT HUENEME CA

INFO DFAS CLEVELAND OH

DON CAF WASHINGTON DC

NAVREG SOUTHWEST RCC SAN DIEGO CA

COMNAVRESFORCOM NORFOLK VA

COMNAVPERSCOM MILLINGTON TN

BT

UNCLAS // (b)(6)

PASS TO OFFICE CODES

PERS913/644/N11

SECINFO/U/-//

MSGID/GENADMIN/NPC PERS-913//

SUBJ (b)(6) E01 ERIC DELACRUZ. USN. (b)(6)

REF/A/MSGID (b)(6)

REF/B/MSGID

NARR/REF A IS (b)(6)

REF B IS (b)(6)

POC (b)(6) CIV/UNIT:NPC/NAME:913/TEL (b)(6)

/EMAIL:(b)(6) //

GENTEXT/REMARKS/1. IRT REF A, DISCH MBR WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS MSG. USING THE FORMAT IN PARAGRAPH

(b)(6)

(b)(6)

(b)(6)

A. TYPE DISCHARGE: (b)(6)

B. REASON FOR DISCHARGE: (b)(6)

(b)(6)

C. (b)(6)

D. AUTHORITY: (b)(6)

2. IF APPLICABLE, RECOUP ANY UNEARNED BONUS PAID AND COLLECT ALL EXISTING INDEBTEDNESS PER DODFMR.//

BT

#0001

NNNN

APPROVED

04 APR 11

FINISHED FILE

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S				2. Rate ABH2		3. Desig AW		4. SSN (b)(6)							
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 22178		7. Ship/Station CVN 76 R REAGAN		8. Promotion Status REGULAR		9. Date Reported 06FEB24	
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>										Period of Report 14. From: 05DEC11 15. To: 06MAR15					
16. Not Observed Report <input checked="" type="checkbox"/>		Type of Report 17. Regular <input type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)				21. Billet Subcategory (if any) NA					
22. Reporting Senior (Last, FI MI) (b)(6)				23. Grade CDR		24. Desig 1310		25. Title DEPT HEAD		26. UIC 22178		27. SSN (b)(6)			
28. Command employment and command achievements. WESTPAC-1; Deployed in support of OPERATIONS IRAQI AND ENDURING FREEDOM-1.															
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) A/C DIRECTOR Hangar Bay Director-1. Responsible for the safe expeditious movement of aircraft on the Hangar Bay and the maintenance and upkeep of all fixed and portable fire fighting equipment in the division. (b)(6) TT/TEMADD: 05DEC11-06FEB23.															

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)

DELACRUZ, ERIC S

2. Rate

ABH2

3. Desig

AW

4. SSN

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

(b)(6)

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☒ Name or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name DELACRUZ	First name ERIC	Middle name SANTANDER	Rank, title or grade ABH2	Social Security Number (b)(6)
-----------------------	--------------------	--------------------------	------------------------------	----------------------------------

Branch of Service (Do not abbreviate) UNITED STATES NAVY	Current Duty Location USS RONALD REAGAN HP: SAN DIEGO CA
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Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

- ☐ I want coverage in the amount of \$ _____ Your initials _____
☐ _____

(Write "I do not want insurance at this time.")

***Note:** Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal (b)(6)	(b)(6)	(b)(6)	100 %	Lump sum
2.				
3.				
4.				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK

(b)(6)

(Do not print.)

Date: 30 JAN 05

Do not write in space below. For official use only.

(b)(6)

RANK, TITLE OR GRADE

PS3

ORGANIZATION

PSD NAVSTA

DATE RECEIVED

20 JAN 2006

Original Copy - Member's Official Personnel File p. 2

Photocopy 1 - To Member

Photocopy 2 - To Active or Reserve Component of Uniformed Service

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S				2. Rate ABH2		3. Desig AW		4. SSN (b)(6)		
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265		6. UIC 61057		7. Ship/Station CNI NAS ATSUGI, JA			8. Promotion Status REGULAR		9. Date Reported 02DEC14	
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 04MAR16 15. To: 05MAR15						
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA		
22. Reporting Senior (Last, FI MI) (b)(6)			23. Grade CDR		24. Desig 1310		25. Title DEPT HEAD		26. UIC 61057	
							27. SSN (b)(6)			
28. Command employment and command achievements. To maintain and operate services/materiel and provide other logistics support to CVW 5, HSL 51, tenant commands, and other units assigned to the Western Pacific. Global War on Terrorism Service Medal, FY04 Environmental Excellence Award.										
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) A/C DIRECTOR Aircraft Director-12. Provides support for transient aircraft, loading/unloading/building of cargo and baggage, operates ground support equipment and associated emergency gear. COLL: Technical Publications PO-12. WATCH: ACDO-12.										

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S	2. Rate ABH2	3. Desig AW	4. SSN (b)(6)
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(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

QUALIFIED: Flight Line Observer, Cargo Handler, FLOLS/MOVLAS, K-Loaders, Boarding Ladder, Forklift 4/6/10K, NC-10 MEPP, A/S32A-37 & A/S32A-42 Tow Tractor.

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S				2. Rate ABH2		3. Desig AW		4. SSN (b)(6)	
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265		6. UIC 61057	
7. Ship/Station CNI NAS ATSUGI, JA				8. Promotion Status REGULAR		9. Date Reported 02DEC14			
Occasion for Report 10. Periodic <input checked="" type="checkbox"/>				Detachment 11. of Individual <input type="checkbox"/>		Promotion/ 12. Frocking <input type="checkbox"/>		13. Special <input type="checkbox"/>	
Period of Report 14. From: 03MAR16				15. To: 04MAR15					
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/>				18. Concurrent <input type="checkbox"/>		20. Physical Readiness (b)(6)	
21. Billet Subcategory (if any) NA									
22. Reporting Senior (Last, FI MI) (b)(6)				23. Grade CDR		24. Desig 1310		25. Title DEPT HEAD	
26. UIC 61057				27. SSN (b)(6)					
28. Command employment and command achievements. To maintain & operate services & provide other logistic support to CVW 5, HSL 51, & tenant commands stationed at NAF Atsugi & other WESTPAC units. Blks 6, 7, & 26 chngd 2003NOV06. FY03 Retention Excellence, CY02 Bronze Hammer, 2004 Ney, and 2003 Zumwalt Awards.									
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) ADMIN PO Air Operations Administration Petty Officer-10. Responsible for all departmental administrative functions. COLL: Aircraft Director-12, Pass Liaison Representative-10, Crash & Salvage Petty Officer-12, Departmental Training Petty Officer-10, Mail Petty Officer-10. WATCH: ACDO-12, Dutv Driver-12									

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S	2. Rate ABH2	3. Desig AW	4. SSN (b)(6)
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(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

COMMUNITY: (b)(6) School Outreach Program.

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC D				2. Rate ABH2		3. Desig AW		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265		6. UIC 62507		7. Ship/Station NAF ATSUGI JA			8. Promotion Status REGULAR		9. Date Reported 02DEC14		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 02NOV12 15. To: 03MAR15							
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last FI MI) (b)(6)		23. Grade CDR		24. Desig 1310		25. Title DEPT HEAD		26. UIC 62507		27. SSN (b)(6)	
28. Command employment and command achievements. To maintain and operate services and materiel in support of CVW 5, HSL 51, and tenant commands stationed at NAF Atsugi; to provide other logistic support, coordination, and services to units assigned to the Western Pacific.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) AIRCRAFT DIR Aircraft Director-2. Provides support for transient aircraft, performs loading/unloading of cargo and baggage, and operates/maintains Ground Support Equipment and associated Crash & Salvage gear. COLL: Crash & Salvage Petty Officer-1. WATCH: ACDO-2. (b)(6) TDY/TT: 02NOV12-02DEC13.											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC D	2. Rate ABH2	3. Desig AW	(b)(6)
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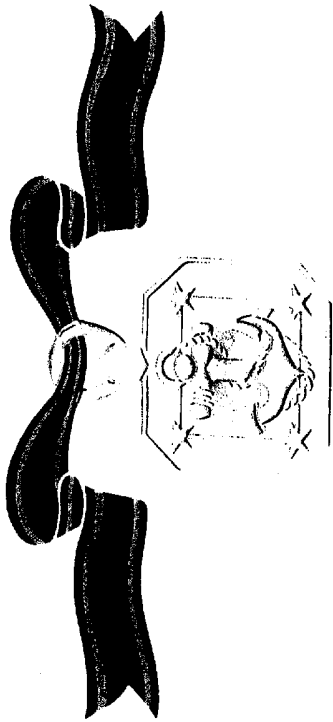
(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

COMPLETED: Leadership Course (P-500-0055).

(b)(6)

FINISH FILE



DEPARTMENT OF THE NAVY

THIS IS TO CERTIFY THAT
THE SECRETARY OF THE NAVY HAS AWARDED THE

NAVY AND MARINE CORPS ACHIEVEMENT MEDAL

TO

AVIATION BOATSWAIN'S MATE (HANDLER) SECOND CLASS (AVIATION WARFARE)
ERIC S. DELACRUZ, UNITED STATES NAVY

FOR

"PROFESSIONAL ACHIEVEMENT FROM FEBRUARY TO MARCH 2002. PETTY OFFICER DELACRUZ PERFORMED HIS DUTIES IN AN EXEMPLARY AND HIGHLY PROFESSIONAL MANNER. HE LED 15 JUNIOR PERSONNEL IN THE REHABILITATION OF MORE THAN 5,500 SQUARE FEET OF ISLAND STRUCTURE. DISPLAYING EXCEPTIONAL PRIORITIZATION SKILLS AND MOTIVATION, HIS TEAM SUCCESSFULLY COMPLETED THE JOB IN A LIMITED AMOUNT OF TIME, OVERCOMING A LACK OF SUPPLIES AND INCLEMENT WEATHER. ADDITIONALLY, HIS TEAM'S EXCEPTIONAL DEDICATION IN THE COMPLETION OF THIS PROJECT DIRECTLY CONTRIBUTED TO THE SUCCESS OF THE AMPHIBIOUS FORCE SEVENTH FLEET CHANGE OF COMMAND. PETTY OFFICER DELACRUZ' MANAGERIAL ABILITY, PERSONAL INITIATIVE AND UNSWERVING DEVOTION TO DUTY REFLECTED CREDIT UPON HIMSELF AND WERE IN KEEPING WITH THE HIGHEST TRADITIONS OF THE UNITED STATES NAVAL SERVICE."

(b)(6)



GIVEN THIS 15TH DAY OF MAY 20 02

Captain, United States Navy
USS ESSEX (LHD 2)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S				2. Rate EO1		3. Desig		4. SSN (b)(6)		
5. ACT <input type="checkbox"/> FTS <input type="checkbox"/> INACT <input checked="" type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 82219		7. Ship/Station NCHB 14 MAINT			8. Promotion Status REGULAR		9. Date Reported 08MAR01	
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. of Individual <input type="checkbox"/> 12. Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 08MAR01 15. To: 08NOV15						
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA		
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade CDR		24. Desig 3105		25. Title CO		26. UIC 82219		
								27. SSN (b)(6)		
28. Command employment and command achievements. Navy Expeditionary Logistics Support Group (NAVELSG) Navy Cargo Handling Battalion. Load and unload Maritime Pre-positioned Ship and Assault Follow-on Echelon Shipping and operate a limited ocean terminal; man and operate an expeditionary air cargo terminal.										
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) SAFETY P O Safety P.O-8. Responsible for the safety of equipment and personnel.										

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S	2. Rate EO1	3. Desig	4. SSN (b)(6)
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(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

None

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ ERIC SANTANDER				2. Rate ABH2		3. Desig AW		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 21533		7. Ship/Station LHD2 ESSEX			8. Promotion Status REGULAR		9. Date Reported 97MAR19		
Occasion for Report 10. Periodic <input type="checkbox"/> 11. of Individual <input checked="" type="checkbox"/> 12. Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 02MAR16 15. To: 02NOV11							
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade CDR		24. Desig 1310		25. Title DEPT HEAD		26. UIC 21533		27. SSN (b)(6)	
28. Command employment and command achievements. Forward deployed Western Pacific-9. Blue/Green Work-ups'02; ARGEX/SOCSEX; RAMEX'02; Cobra Gold'02. Port Visits: Pohang, Korea; Pattaya, Thailand; Hong Kong; Singapore.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) <div style="border: 1px solid black; display: inline-block; padding: 2px;">FLY ONE P O</div> Fly One Petty Officer-9. Responsible for the overall supervision of 21 personnel in the safe and efficient movement of embarked aircraft and equipment during launch and recovery operations. WATCH: Flight Deck Integrity Watch-9, Ship's Self Defense Force Team Leader-9.											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC D	2. Rate ABH2	3. Desig AW	4. SSN (b)(6)
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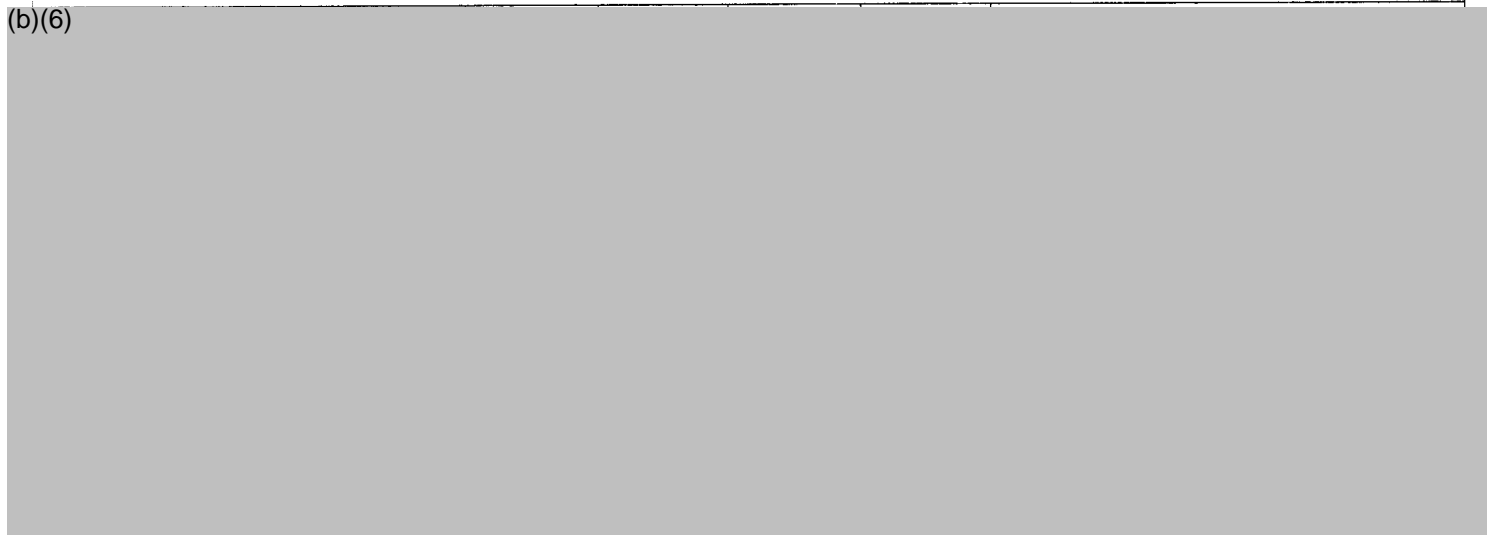
(b)(6)



44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

AWARD: National Defense Service Medal (2nd)

(b)(6)



Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☒ Name or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name
DELACRUZ, ERIC SANTANDER

Rank, title or grade
E5

Social Security Number
(b)(6)

Branch of Service (Do not abbreviate)
UNITED STATES NAVY

Current Duty Location
NAF ATSUGI JA

Amount of Insurance

By law, you are automatically insured for \$250,000. **If you want \$250,000 of insurance**, skip to **Beneficiary(ies) and Payment Options**. **If you want less than \$250,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

- ☐ I want coverage in the amount of \$ _____ Your initials _____
☐ _____

(Write "I do not want Insurance at this time.")

Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1 (b)(6)	(b)(6)	(b)(6)	100%	LUMP
2.				
Contingent				
1 (b)(6)	(b)(6)	(b)(6)	50%	LUMP
2			50%	LUMP
3				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$250,000.

SIGN HERE IN INK

Your signature. Do not print.)

Date: 8 JAN 2003

Do not write in space below. For official use only.

(b)(6)	RANK, TITLE OR GRADE Pvt (E5), USN	ORGANIZATION CSD ATSUGI JA	DATE RECEIVED 08 JAN 03
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SUPERSEDES AND REPLACES FORM SGLV 8286, March 2000
WHICH WILL NOT BE USED.

Original Copy - Member's Official Personnel File
Photocopy 1 - To Member
Photocopy 2 - To Active or Reserve Component of Uniformed Service

IMMEDIATE REENLISTMENT CONTRACT

NAME: DELACRUZ, ERIC SANTANDER

SSN (b)(6)

BR/CL: USN

FIRST: I am reenlisting in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE for 4 years from 11/07/2002, unless sooner discharged by proper authority. My new contract expiration date is 11/06/2006.

SECOND: I have read and understand the following SECTION OF TITLE 10 OF THE UNITED STATES CODE:

SECTION 5540 OF TITLE 10 OF THE UNITED STATES CODE; "(a) The senior officer present afloat in foreign waters shall send to the United States by Government or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section: (1) shall be discharged not later than 30 days his arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service."

THIRD: I understand that I may be extended on, or ordered to active duty for the duration of any war or national emergency declared by Congress, and for six months thereafter, and that my agreed period of active service may be extended as otherwise authorized by law.

FOURTH: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated:

BENEFITS OF RATE

UIC: 21533 STATUS: ACTIVE X

INACTIVE

RADO MONTHS/DAYS 000 / 000

DOB: (b)(6)

PLACE OF REENLISTMENT: USS ESSEX LHD 2 SASEBO JAPAN

HOME OF RECORD: (b)(6) CA

CITIZENSHIP: (b)(6) CITIZEN COUNTRY

RATE: ABH2 DATE OF PAYGRADE: 06/16/2002

ADSD: 11/12/1996 PEBD: 11/12/1996

DATE LAST DISCHARGE: 11/06/2002 LSL SELLBACK: (b)(6)

TOTAL ACTIVE SERVICE: 05 / 11 / 24
YEARS/MONTHS/DAYS

TOTAL PRIOR INACTIVE SERVICE: 00 / 00 / 00
YEARS/MONTHS/DAYS

"OATH OF ENLISTMENT: "I, ERIC SANTANDER DELACRUZ, do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulation and the Uniform Code of Military Justice. So help me God. I swear (or affirm) that I am fully aware and fully understand the conditions of my enlistment."

**** SIGNATURE OF REENLISTEE

FIRST

MIDDLE

LAST

Subscribed and s(b)(6)

2002

SIGNATURE

AND GRADE: -

OFFICIAL TITLE:

AIR BOS'N

31

5

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS			PRESENT LEVEL OF EDUCATION						
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED		INIT	12	13	14	15	16	17	

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE
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ASVAB ADMINISTERED BY:

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE

CLASSIFIER'S SIGNATURE:

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
00Nov27	SHIPBOARD AIRCRAFT FIRE FIGHTING (J-495-0413)	1 DAY	ATGWP FIRE SCHOOL YOKOSUKA, JAPAN	ACA

NAME (Last, First, Middle)

DELACRUZ, ERIC SANTANDER

SOCIAL SECURITY NUMBER (b)(6)

BRANCH AND CLASS
USN

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S				2. Rate ABH2		3. Desig AW		4. SSN (b)(6)											
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 61057		7. Ship/Station CNI NAS ATSUGI JA		8. Promotion Status REGULAR		9. Date Reported 02DEC14					
Occasion for Report 10. Periodic <input type="checkbox"/>				Detachment 11. of Individual <input checked="" type="checkbox"/>				Promotion/ 12. Frocking <input type="checkbox"/>				13. Special <input type="checkbox"/>				Period of Report 14. From: 05MAR16 15. To: 05DEC07			
16. Not Observed Report <input type="checkbox"/>				Type of Report 17. Regular <input checked="" type="checkbox"/>				18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)				21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last, FI MI) (b)(6)				23. Grade CDR		24. Desig 1310		25. Title DEPT HEAD				26. UIC 61057		27. SSN (b)(6)					

28. Command employment and command achievements.

To maintain and operate services and materiel in support of CVW 5, HSL 51, tenant commands and other units assigned to the Western Pacific.

29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.)

MAINT TECH

Maintenance Technician-8. Responsible for the operation and maintenance of six E-28 Arresting Gear Assemblies, six MK 8 FLOLS, three MK 14 IFLOLS, three MK 2 MOVLAS, and the upkeep of Runway Support Division facilities. WATCH: ACDO-8.

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S	2. Rate ABH2	3. Desig AW	4. SSN (b)(6)
---	-----------------	----------------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

AWARDS: CO LOC. QUALS: FLOLS/IFLOLS/MOVLAS Operator, Arresting Gear Operator, Tape/Cross Deck Pendant Checker.

(b)(6)

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES

COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED	
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED	

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT

COURSE LENGTH	DATE COMPLETED	INIT	COURSE LENGTH	DATE COMPLETED	INIT
AVI MAIN RATE FUND NAVEDTRA: 12010-B	(b)(6)	00Mar23	EQUAL OPP NAVY NAVEDTRA: 13099-E	(b)(6)	99Jul131
STND 1ST AID NAVEDTRA: 13119	(b)(6)	99Jul131	AT3 & 2 NAVEDTRA: 80348-A	(b)(6)	99Jul131
MR PO3 NAVEDTRA: 82044	(b)(6)	98Jul21	MR PO2 NAVEDTRA: 82045	(b)(6)	99Jun16
ABH3 & 2 NAVEDTRA: 82368	(b)(6)	98Jun23	ABH1 & C NAVEDTRA: 82370	(b)(6)	00Mar11

7. NAVY ENLISTED CLASSIFICATIONS

8. PERSONNEL ADVANCEMENT REQUIREMENTS

PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INT
				ABH2	99Jul127	ACA

9. ENLISTED RATE/RATING

10. DESIGNATOR RECORD

RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
				14JUN01	EAWS	QUAL	ACA

NAME (Last, First, Middle)

DELACRUZ, ERIC SANTANDER

NAVPERS 1070/604 (Rev. 7/91)

SOCIAL SECURITY NUMBER
(b)(6)

BRANCH AND CLASS
USN

DATE	QTS	TITLE	WATCH	STATION	TITLE
11/11/11	1	11/11/11	1	11/11/11	11/11/11

NAME(Last, First, Middle)
DELACRUZ, ERIC SANTANDER

BRANCH AND CLASS
USN

11. AWARDS

AWARD NAME	DATE OF AWARD	AUTHORITY	ADV PNTS	INTL
HUMANITARIAN SERVICE MEDAL	07-Oct-99 26-Oct-99	USS BELLEAU WOOD (LHA 3)	N/A	ACA
BATTLE "E" RIBBON	01-Jan-99 31-Dec-99	USS BELLEAU WOOD (LHA 3)	N/A	ACA
BATTLE "E" RIBBON	01-Jan-00 31-Dec-00	USS BELLEAU WOOD (LHA 3)	N/A	ACA
BATTLE "E" RIBBON	01-Jan-01 31-Dec-01	USS ESSEX (LHD 2)	N/A	ACA
SEA SERVICE DEPLOYMENT RIBBON (3RD)	18-Mar-99 17-Mar-00	USS BELLEAU WOOD (LHA 3)	N/A	ACA
SEA SERVICE DEPLOYMENT RIBBON (4TH)	18-Mar-00 17-Mar-01	USS ESSEX (LHD 2)	N/A	ACA
SEA SERVICE DEPOLOYMENT RIBBON (5TH)	18-Mar-01 17-Mar-02	USS ESSEX (LHD 2)	N/A	ACA
OVERSEAS SERVICE RIBBON	18-Mar-99 17-Mar-00	USS BELLEAU WOOD (LHA 3)	N/A	ACA
OVERSEAS SERVICE RIBBON	18-Mar-00 17-Mar-01	USS ESSEX (LHD 2)	N/A	ACA
OVERSEAS SERVICE RIBBON	18-Mar-01 17-Mar-02	USS ESSEX (LHD 2)	N/A	ACA
ARMED FORCES EXPEDITIONARY MEDAL	98NOV20 99FEB24	SECNAVINST 1650.1F	N/A	ACA
BATTLE "E" RIBBON	98JAN01 98DEC31	USS ESSEX (LHD 2)	N/A	ACA
GOOD CONDUCT AWARD (1ST)	96NOV12 99NOV11	SECNAVINST 1650.1F	2.0	ACA
NAVY UNIT COMMENDATION	98DEC16 98DEC20	COMUSNAVCENT MSG 031300ZDEC99	N/A	ACA
SEA SERVICE DEPLOYMENT RIBBON (2ND)	98MAR18 99MAR17	USS BELLEAU WOOD (LHA 3)	N/A	ACA
NAME (LAST FIRST MIDDLE) DELACRUZ, ERIC SANTANDER		SSN (b)(6)	BRANCH CLASS USN	

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION						
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17	

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	FI	VE
020	961031	(b)(6)					(b)(6)						

ASVAB ADMINISTERED BY: LOS ANGELES CA MEPS

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE
DLAB			
NFQT			
(b)(6)			
CLASSIFIER'S SIGNATURE:	PN-2612		

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT
J-495-0413	SHPBD A/C	06OCT97	(b)(6)						

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
970208	RECRUIT TRAINING (BMT)	8 WEEKS	RTC GREAT LAKES IL	
MAR. 07 1987	AN APPRENTICESHIP TRNG	15 DYS	SSC NTC GLAKES IL	
MAR. 07 1987	ARCFT CLNG & CORROSION CNTRL CRS	2 DYS	SSC NTC GLAKES IL	
06OCT97	SHPBD A/C FF J-495-0413	1 DAY	USS BELLEAU WOOD	

Name (Last, first, middle initial)

DELACRUZ ERIC SANTANDER

C064

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH/CLASS

USN

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES									
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT
		<input type="checkbox"/> GRADUATED	<input type="checkbox"/> DROPPED				<input type="checkbox"/> GRADUATED	<input type="checkbox"/> DROPPED	
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT
		<input type="checkbox"/> GRADUATED	<input type="checkbox"/> DROPPED				<input type="checkbox"/> GRADUATED	<input type="checkbox"/> DROPPED	

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT							
DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER		DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER		DATE COMPLETED	INIT
BMR (b)(6) NET 82043		97OCT17	GCL				

7. NAVY ENLISTED CLASSIFICATIONS				8. PERSONNEL ADVANCEMENT REQUIREMENTS		
PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT
9700	0000	961112	CHS			

9. ENLISTED RATE/RATING				10. DESIGNATOR RECORD			
RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
AR	961112	961112	IMF				
AR-AA	97AUG16	97AUG01	GRS				
AA-AN	98MAY16	98MAY01	DM				
ABH3	99JUN16	99JAN01	DM				

Name (Last, first, middle)	SOCIAL SECURITY NUMBER	BRANCH/CLASS
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12. PERSONNEL QUALIFICATION STANDARDS (PQS)

NAVPERS 1070/604 (Rev. 7/91)
RTC SERV-REC SET 1

11. AWARDS

NAVPER 1070/604 (Rev. 7/91)
RTC SERV-REC SET 1
NETPMSA OVERPRINT

EVENT: C02 AGREEMENT TO EXTEND

AGREEMENT TO EXTEND ENLISTMENT NAVPERS 1070/621

NAME: DELACRUZ ERIC SANTANDER SSN: (b)(6) BR-CL: USN

Having enlisted in the UNITED STATES NAVY on 96NOV12 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months (REASON: SCHOOL 00 OTHER 12), subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 02NOV11. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to an extension becoming operative. No promises of any kind have been made to me except as indicated: TO OBLISERV FOR OVERSEAS TOUR EXTENSION INCENTIVE PROGRAM. I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION AND MAY NOT BE THEREAFTER CANCELLED EXCEPT AS PROVIDED IN MILPERSMAN 1160-040.

THIS IS MY SECND EXTENSION THIS ENLISTMENT.

I HAVE HAD EXPLAINED TO ME THE PROVISIONS OF THE SRB PROGRAM AND THE EXECUTION OF THIS EXTENSION OF ENLISTMENT MAY AFFECT MY ENTITLEMENT TO MONETARY BENEFITS FOR A SUBSEQUENT REENLISTMENT.

UIC: 21533 STATUS: ACTIVE X INACTIVE RATE: ABH3 PEBD: 961112
COMBAT ZONE: NO TOTAL AGGREGATE MOS: 24

SHIP OR STATION: USS ESSEX LHD 2

LOCATION OF SHI(b)(6) AT SEA

SIGNATURE
****OF MEMBER ERIC SANTANDER DEACRUZ
FIRST MIDDLE LAST

Witnessed and accepted
on behalf of the UNITED STATES NAVY
this 2ND day of NOVEMBER A D 2001
(b)(6)

****SIGNATURE
AND GRADE: A TITLE: PERSUPVR BY DIRCO
(b)(6), USN

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR ___ MONTHS IS CANCELLED EFFECTIVE ____.
AUTHORITY: _____

****SIGNATURE
AND GRADE: _____ TITLE: _____
(CERTIFYING OFFICER'S NAME AND RANK)

EVENT: C02 AGREEMENT TO EXTEND

AGREEMENT TO EXTEND ENLISTMENT NAVPERS 1070/621

NAME: DELACRUZ ERIC SANTANDER SSN: (b)(6) BR-CL: USN

Having enlisted in the UNITED STATES NAVY on 96NOV12 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months (REASON: SCHOOL 00 OTHER 12), subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 01NOV11. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to an extension becoming operative. No promises of any kind have been made to me except as indicated: I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION AND MAY NOT THEREAFTER BE CANCELLED EXCEPT AS PROVIDED IN MILPERSMAN 1050150. THIS IS MY FIRST EXTENSION.

I HAVE HAD EXPLAINED TO ME THE PROVISIONS OF THE SRB PROGRAM AND THE EXECUTION OF THIS EXTENSION OF ENLISTMENT MAY AFFECT MY ENTITLEMENT TO MONETARY BENEFITS FOR A SUBSEQUENT REENLISTMENT.

UIC: 20633 STATUS: ACTIVE X INACTIVE RATE: ABH3 PEBD: 961112
COMBAT ZONE: NO TOTAL AGGREGATE MOS: 12

SHIP OR STATION: USS BELLEAU WOOD

LOCATION OF SHIP OR STATION: USS BELLEAU WOOD (LHA 3) AT SASEBO
(b)(6)

SIGNATURE
****OF MEMBER ERIC SANTANDER DELACRUZ
FIRST MIDDLE LAST

Witnessed and accepted
on behalf of the UNITED STATES NAVY
this 20TH day of APRIL A.D. 2000
(b)(6)

****SIGNATURE
AND GRADE _____ TITLE: PERSOFFSUPVR BYDIRCO
SN

=====

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR ____ MONTHS IS CANCELLED EFFECTIVE ____.
AUTHORITY: _____

****SIGNATURE
AND GRADE: _____ TITLE: _____
(CERTIFYING OFFICER'S NAME AND RANK)

NAVPERS 1070/621

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S				2. Rate EO1		3. Desig		4. SSN (b)(6)															
5. ACT <input type="checkbox"/>		FTS <input type="checkbox"/>		INACT <input checked="" type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 88729		7. Ship/Station NR OPSSUPPORT 1946		8. Promotion Status REGULAR		9. Date Reported 08JAN02									
Occasion for Report 10. Periodic <input type="checkbox"/>				Detachment 11. of Individual <input checked="" type="checkbox"/>				Promotion/ 12. Frocking <input type="checkbox"/>				13. Special <input type="checkbox"/>				Period of Report 14. From: 08JAN02				15. To: 08FEB29			
16. Not Observed Report <input checked="" type="checkbox"/>				Type of Report 17. Regular <input checked="" type="checkbox"/>				18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)				21. Billet Subcategory (if any) NA							
22. Reporting Senior (Last, FI MI) (b)(6)				23. Grade CDR		24. Desig 1317		25. Title CO				26. UIC 62105		27. SSN (b)(6)									
28. Command employment and command achievements. Assists in the execution of Navy Reserve policy and administration through indirect support of mobilization and active Navy support requirements. Support function includes 39 Reserve Units supporting approximately 750 Selected Reservists.																							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) UNIT SUPPORT PRI: Unit Support - 2. WATCH: None.																							

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELA CRUZ, ERIC S	2. Rate EO1	3. Desig	4. SSN (b)(6)
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(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

(b)(6)

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☐ Name, change or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name DELACRUZ	First name ERIC	Middle name SANTAYDER	Rank, title, or grade E-4	Social Security Number (b)(6)
Branch of Service (Do not abbreviate) UNITED STATES NAVY			Current Duty Location USS BELLEAU WOOD (LHA-3)	

Amount of Insurance

By law, you are automatically insured for \$200,000. If you want \$200,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$200,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in the following amounts: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

☒ I want coverage in the amount of \$ 200,000 Your initials E.S.D.
☐

(Write "I do not want insurance at this time.")

Note: Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use 1/2, 1/3, 1/4, or fractional)	Payment Option (Lump sum or 36 equal monthly payments)
Principal (b)(6)	(b)(6)	(b)(6)	100 %	Lump sum
Contingent (b)(6)	(b)(6)	(b)(6)	1/2	Lump sum
(b)(6)	(b)(6)	(b)(6)	1/2	Lump sum
4.				

I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions
- The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above
- If I have legal questions about this form, I may consult with a military attorney at no expense to me
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$200,000

SIGN HERE IN INK



Date: 23 July 1999

Do not write in space below - For official use only.

WITNESSED BY PNSA	(b)(6)	RANK, TITLE, OR GRADE E3	ORGANIZATION USS BELLEAU WOOD (LHA-3)	DATE RECEIVED
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ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

(b)(6)

Privacy Act Statement

AUTHORITY:

5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSES:

To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES:

This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE:

Voluntary; however, failure to furnish personal identification information may negate the enlistment / reenlistment application.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)

DELACRUZ ERIC SANTANDER

2. SOCIAL SECURITY NUMBER

(b)(6)

3. HOME OF RECORD (Street, City, State, ZIP Code)(b)(6)
(b)(6) CA (b)(6)**4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State)**LOS ANGELES MEPS
CA 90016**5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD)**

961101

6. DATE OF BIRTH (YYMMDD)

(b)(6)

7. PREV MIL SVC UPON ENL / REENLIST

YEARS

MONTHS

DAYS

a. Total Active Military Service

b. Total Inactive Military Service

B. AGREEMENTS

8. I am enlisting / reenlisting in the United States (list branch of service) **NAVAL RESERVE**

this date for

8

years and

00

weeks beginning in pay grade

E-1

The additional details of my enlistment / reenlistment are in Section C and Annex(es) **A**

a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) **0600 961112** for enlistment in the Regular component of the United States (list branch of service) **NAVY** for not less than **4** years and **00** weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.) **NONE**

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.

ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee / Reenlistee) **E.S.D.**

(Continued on reverse side.)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

(b)(6)

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

DELACRUZ ERIC SANTANDER

SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE

(b)(6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.)

☒ NONE E.S.D. (Initials of enlistee / reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

(b)(6)

c. DATE SIGNED (YYMMDD)

961101

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-7

d. UNIT / COMMAND NAME

NAVY RCTG DIST LOS ANGELES

(b)(6)

f. DATE SIGNED (YYMMDD)

961101

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

LOS ANGELES
CA 90016

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, ERIC SANTANDER DELACRUZ, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted / reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

b. DATE SIGNED (YYMMDD)

961101

19. ENLIST

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-4

d. UNIT / COMMAND NAME

LOS ANGELES MEPS

c. SIGN

(b)(6)

f. DATE SIGNED (YYMMDD)

961101

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

LOS ANGELES
CA 90016

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE

DELACRUZ ERIC SANTANDER

(b)(6)

F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry / Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) NAVY for a period of 4 years and 00 weeks. No changes have been made to my enlistment options **OR** if changes were made they are recorded on Annex(es) NA which replace(s) Annex(es) NA.

b. SIGNATURE OF ENLISTEE / REENLISTEE

ENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

961112

ACCEPTANCE BY SERVICE REPRESENTATIVE

21a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) NAVY in pay grade E-1.

SERVICE REPRESENTATIVE INFORMATION

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-6

d. UNIT / COMMAND NAME

NAVY RCTG DIST LOS ANGELES

e. SIGNATURE

f. DATE SIGNED (YYMMDD)

961112

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

LOS ANGELES

CA 90016

CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, ERIC SANTANDER DELACRUZ do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

961112

23a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

ENLISTMENT OFFICER INFORMATION

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-4

d. UNIT / COMMAND NAME

LOS ANGELES MEPS

e. SIGNATURE

f. DATE SIGNED (YYMMDD)

961112

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

LOS ANGELES

CA 90016

ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy/~~XXXXXXXXXX~~, I hereby acknowledge that:

a. I am enlisting into the U.S. Navy/~~XXXXXXXXXX~~ for an active duty period of FOUR (years/~~XXXXXX~~) and the same time, I agree to extend my enlistment for NA months to meet the obligations of the NA program. I am enlisting with the following guarantees and understandings:

(1) Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8 series, option or options as indicated below:

Option (1) SEAFARER-AIRMAN (SF-AN) APPRENTICESHIP TRAINING GUARANTEE

Option (2) NA

Option (3) NA

Option (4) NA

I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1a(1) and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

The Navy will enroll me in the training specified above. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in 1a(1) above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- Reassignment to an "A" school for which I am qualified and a vacancy exists, or
- Navy apprenticeship training for which I am qualified and a vacancy exists.

In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the training guarantee specified in section 1a(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose that guarantee and at the Navy's option remain subject to continued naval service. I also understand:

a. If I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement post-apprenticeship training, or an enlistment/reenlistment bonus, I may incur additional service as required by regulation.

b. The Navy may, at its option, discharge me in accordance with law and regulations.

5. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement of Understandings required for Option(s) 1. I understand the obligations for the Options and training that I will receive E.S.D.

(applic. initials) (b)(6)

(b)(6)

(Signature of Classifier/Date)

BM2 USN

ENLISTED CLASSIFIER BY DIRCO 01NOV96

(Typed Name and Title)

ERIC SANTANDER DELA CRUZ 01NOV96

(Typed Name)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S				2. Rate ABH1		3. Desig AW		4. SSN (b)(6)															
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 22178		7. Ship/Station CVN 76 R REAGAN		8. Promotion Status REGULAR		9. Date Reported 06FEB24									
Occasion for Report 10. Periodic <input type="checkbox"/>				Detachment 11. of Individual <input checked="" type="checkbox"/>				Promotion/ 12. Frocking <input type="checkbox"/>				13. Special <input type="checkbox"/>				Period of Report 14. From: 06NOV16				15. To: 07NOV06			
16. Not Observed Report <input type="checkbox"/>				Type of Report 17. Regular <input checked="" type="checkbox"/>				18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)				21. Billet Subcategory (if any) NA							
22. Reporting Senior (Last, FI, MI) (b)(6)				23. Grade CDR		24. Desig 1320		25. Title DEPT HEAD				26. UIC 22178		27. SSN (b)(6)									
28. Command employment and command achievements. Underway for FRS/CVW CQ-1; RRSB Sustainment Training-2; ORSE-1; WESTPAC Surge deployment-3; Planned Incremental Availability-6; Sea Trials-1; Flt Deck Cert-1. Earned COMPACFLT FY-06 Retention Excellence Award and CNAF 2006 Battle Efficiency Award.																							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) <div style="border: 1px solid black; display: inline-block; padding: 2px;">A/C DIRECTOR</div> A/C Director-12. Responsible for the safe and expeditious movement of embarked A/C and the maintenance of all assigned spaces and fire fighting equip. in the Hangar Bay. COLL: Div. Training PO-3. WATCH: POOW-12, AJOOD-12.																							

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S	2. Rate ABH1	3. Desig AW	4. SSN (b)(6)
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(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

(b)(6)

1. NAME (Last, First, Middle) DELACRUZ, ERIC SANTANDER		2. COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NUMBER (b)(6)	
4a. GRADE, RATE OR RANK ABH1		b. PAY GRADE E6		5. DATE OF BIRTH (YYYYMMDD) (b)(6)	
				6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) N/A	
7a. PLACE OF ENTRY INTO ACTIVE DUTY LOS ANGELES MEPS LOS ANGELES, CA 90016		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6) CA (b)(6)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS RONALD REAGAN (CVN-76)			b. STATION WHERE SEPARATED USS RONALD REAGAN (CVN-76), SAN DIEGO, CA		
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE NONE AMOUNT: \$ 400,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) ABH-0000. X				12. RECORD OF SERVICE	
				YEAR(S) MONTH(S) DAY(S)	
				a. DATE ENTERED AD THIS PERIOD 96 NOV 12	
				b. SEPARATION DATE THIS PERIOD 07 NOV 06	
				c. NET ACTIVE SERVICE THIS PERIOD 10 11 25	
				d. TOTAL PRIOR ACTIVE SERVICE 00 00 00	
				e. TOTAL PRIOR INACTIVE SERVICE 00 00 00	
				f. FOREIGN SERVICE 07 11 28	
				g. SEA SERVICE 07 01 17	
				h. EFFECTIVE DATE OF PAY GRADE 06 DEC 16	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL, GLOBAL WAR ON TERRORISM SERVICE MEDAL, GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL, SEA SERVICE DEPLOYMENT RIBBON(6), NAVY "E" RIBBON(6), THIRD NAVY GOOD CONDUCT MEDAL FOR PERIOD ENDING 05NOV11, OVERSEAS SERVICE RIBBON(5), X				14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) AIRMAN APPRENTICESHIP TRAINING(2WKS-MAR97), PO2 LEADERSHIP(2WKS-FEB03), AIRLIFT PLANNER'S COURSE(2WKS-MAY03). X X X X X X X X X X (b)(6)	
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				(b)(6)	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT					
16. DAYS ACCRUED LEAVE PAID (b)(6)		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION YES NO (b)(6)			
18. REMARKS 08-22178-1698 JCH. BLOCK 13 CONTINUED: NAVY AND MARINE CORPS ACHIEVEMENT MEDAL(2), ARMED FORCES EXPEDITIONARY MEDAL, HUMANITARIAN SERVICE MEDAL, NAVY UNIT COMMENDATION. MEMBER EXTENDED FOR 12 MONTHS ON 05OCT06. EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT. X The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) (b)(6)			b. NEAREST RELATIVE (Name and address - include ZIP Code) (b)(6)		
20. MEMBER REQUESTS COPY 6 BE SENT TO (b)(6)			DIRECTOR OF VETERANS AFFAIRS (b)(6)		
21. SIGNATURE OF MEMBER BEING SEPARATED (b)(6)			_____ (name, grade, title and signature) LCPO, BYDIRCO		
SPECIAL ADDITIONAL COMMENTS (Include only)					
23. TYPE OF SEPARATION DISCHARGED			24. CHARACTER OF SERVICE (Include upgrades) (b)(6)		
25. SEPARATION AUTHORITY (b)(6)			26. SEPARATION CODE (b)(6)		27. REENTRY CODE (b)(6)
28. NARRATIVE REASON FOR SEPARATION (b)(6)					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) (b)(6)					30. MEMBER REQUESTS COPY 4 (Initials) (b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S				2. Rate ABH1		3. Desig AW		4. SSN (b)(6)							
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 22178		7. Ship/Station CVN 76 R REAGAN		8. Promotion Status REGULAR		9. Date Reported 06FEB24	
Occasion for Report										Period of Report					
10. Periodic <input checked="" type="checkbox"/>		11. Detachment of Individual <input type="checkbox"/>		12. Promotion/ Frocking <input type="checkbox"/>		13. Special <input type="checkbox"/>		14. From: 05DEC08		15. To: 06NOV15					
16. Not Observed Report <input type="checkbox"/>		17. Type of Report Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA							
22. Reporting Senior (Last, FI, MI) (b)(6)				23. Grade CDR		24. Desig 1310		25. Title DEPT HEAD		26. UIC 22178		27. SSN (b)(6)			
28. Command employment and command achievements. Deployed in support of OPERATIONS IRAQI and ENDURING FREEDOM/AG-6; COMPTUEX/JTFEX-1. Completed 3M Assist and Assessment, SMI, MTT, ORSE, and FRS CQ.															
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) A/C DIRECTOR Aircraft Director-5. Responsible for the safe and expeditious movement of embarked aircraft and the maintenance of fire fighting equipment in the hangar bays. COLL: Air Department Training Team-5, Div Training PO-9. WATCH: POOW-5, Asst Air Department Duty Officer-5. (b)(6) TT/TEMADD: 05DEC08-06FEB23.															

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DELACRUZ, ERIC S	2. Rate ABH1	3. Desig AW	4. SSN (b)(6)
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(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

QUAL: FOD Awareness; 301-306 Basic DC; 301-305,307 Hangar Deck CV/CVN, 311 A/C Director;
POOW; EAWS, 3M Maint. Person. AWARDED: GWOT Expeditionary Medal; Sea Service Ribbon.

(b)(6)

AGREEMENT TO EXTEND ENLISTMENT

NAME: ERIC SANTANDER DELACRUZ

SSN: (b)(6) BR/CL: USN

Having enlisted in the ☒ UNITED STATES NAVY NAVAL RESERVE on 11/07/2002 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months (REASON: SCHOOL OTHER ☒) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 11/06/2007. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

TO INCUR SUFFICIENT OBLISERV TO ACCEPT BUPERS ORDER 2505.

I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING AND MAY NOT THERE AFTER BE CANCELLED EXCEPT AS PROVIDED IN MILPERSMAN 1160-040.

UIC: 61057 STATUS: ACTIVE ☒ INACTIVE RATE: ABH2

COMBAT ZONE: PEBD: 11/12/1996 TOTAL AGGREGATE MOS: 12

SHIP OR STATION: CNI NAS ATSUGI

LOCATION OF SHIP OR STATION: CNI NAS ATSUGI, JAPAN

(b)(6)

**** SIGNATURE OF MEMBER: _____

FIRST

MIDDLE

LAST

Witnessed and accepted on behalf of the United States Navy
this 6th day of October, A.D. 2005

(b)(6)

(b)(6)

****SIGNATURE
AND GRADE:

USN

TITLE:

MILPERS LCPO BY DIR

Name and Rank

Extension of Enlistment Operative/Cancelled

The extension identified hereon for _____ months (REASON: SCHOOL OTHER) is Operative () Cancelled () effective .

AUTHORITY: _____

****SIGNATURE
AND GRADE:

Certifying Officer Name and Rank